

ARKANSAS STATE BOARD OF COSMETOLOGY  
101 EAST CAPITOL, SUITE 108  
LITTLE ROCK, AR 72201  
(501) 682-2168

# Student Permit

**PLEASE READ CAREFULLY:** This form must be filed with the Board prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Board's office.

**Required Attachments:** This form must be accompanied by two (2) copies of the student's contract; the student's birth certificate, if under 18 years; verification of the student's high school credits of equivalency; a legible copy of the student's social security card; and a check or money order for the \$10.00 registration fee.

**STUDENT INFORMATION:** Print using blue or black ink.

Last Name	First Name (no nickname)	Middle Name			
Maiden Name (if applicable)	List any other <i>last</i> names you have ever used				
Address Where You Receive Mail	Apt. #	City	County	State	Zip Code
Address Where You Live	Apt. #	City	County	State	Zip Code
Phone (    )	Gender MALE    FEMALE	Race (circle one) Black    White    Am. Indian    Hispanic    Asian    Alaskan Native			
Marital Status	SSN	Date of Birth	Place of Birth (City, State, Country)		

**ENROLLMENT INFORMATION:**

School ID #	Name of Enrolling Cosmetology School		City				
Name of High School Attended		City/State/Country			Grade Completed	Year	
Type of Cosmetology Training (CIRCLE ONE)	COSMETOLOGY	MANICURE	AESTHETICIAN	INSTRUCTOR		ELECTROLOGY	
Schedule to Attend (CIRCLE ONE)	REGULAR		VO-TECH			OTHER	
	FT	PT	AM 1	AM 2	PM 1	PM 2	NIGHT
Date Training to Begin			Number of Hours Enrolling				

**DO NOT WRITE BELOW THIS AREA – FOR BOARD USE ONLY**

ID	Permit	Receipt #	HS	MAT Date
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**PREVIOUS ENROLLMENT INFORMATION:**

Have you ever attended Cosmetology School?  YES                  NO	If yes, please give name of school.	City/State	
If yes, please give the type of training.		If yes, please give the number of hours acquired.	
Have you ever been licensed in any phase of Cosmetology?  YES                  NO	If yes, what type of license?	Licensed in what state?	Is license current?  YES      NO

I hereby give my permission to the school to release any information contained in my student file to a representative of the Board who is duly authorized to review my records. Further, I give my permission to the Arkansas State Board of Cosmetology to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Board.

<b>Student</b>	<b>Signature</b>	<b>Today's Date</b>
<b>School Representative</b>	<b>Signature</b>	<b>Today's Date</b>